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ABSTRACT

The findings of two studies conducted with resident teachers participating in alternative teacher certification programs at the University of Wisconsin-Milwaukee are reported in three reports; a summary and two study reports. The role of the teacher in diagnosing the physical and learning disabilities of students is not clearly identified, but providing teachers with information about how to identify disabilities is an important and necessary element in teacher training. The feasibility of training teachers to become more knowledgeable about the range of services offered their students was studied and the effects on teacher practice and student learning were observed. Fifteen teachers in the first study were finishing their first year of teaching, and 19 in the second study were just beginning teacher training. In both studies, teachers learned of the multitude of services, agencies, professionals, and procedures available to their students. Teachers who became more knowledgeable about these things became more sensitive and were more willing to use these agencies to help students. Teachers can be trained as interprofessionals to look beyond the classroom to the rest of the child's environment, and the result is improved teaching and learning. (Contains 5 references.) (SLD)

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ED 367 751

The Impact of Training Teachers of Children in Poverty About the Specific Health and Human Services Offered to the Students in Their Classrooms

Summary Report
Report #1
Report #2

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Preface

This report discusses the findings of two studies conducted with two groups of Resident Teachers participating in Alternative Teacher Certification Programs at the University of Wisconsin-Milwaukee. Reports #1 and #2 discuss what the Resident Teachers learned as a result of working closely with some of their students in regard to the health and human service professionals who have contact with their students. The 15 Resident Teachers who participated in the first study were finishing their first year of teaching, and the 19 Resident Teachers who participated in the second study were just beginning their teacher training.

While some professionals in the medical and health and human services recognize the need for more collaboration of information to effectively diagnose youths' physical and learning disabilities, the role of the teacher in this process is not clearly identified. We believe such an approach is an important and necessary element in training teachers to become more "Interprofessional." The purpose of these studies is to determine the feasibility of preparing Interprofessional Teachers to become more knowledgeable about the range of services offered their students and to identify what effects on teacher practice and student learning occur as a result.

The Summary Report is an overview of Reports #1 and #2. The results of Report #1 and Report #2 discuss what these Resident Teachers learned and how this knowledge can impact on the 1) schooling of children, 2) establishment of a cooperative system of sharing of information, and 3) preparation and inservice training for teachers to work more closely with other professionals working with youth.

Summary Report

Summary Report

As stated in both Report #1 and Report #2 on the impact of training teachers of children in poverty about the specific health and human services offered to the students in their classrooms, it is clear that for children of all ages to be ready for school, they need to be physically, emotionally, and socially healthy. Teachers of children in poverty deal with students who come into contact with a host of service professionals and community providers from doctors and nurses, to welfare workers and health clinic practitioners. These services tend to be remedial rather than preventive, sporadic rather than in-depth and specialized rather than holistic. There also tends to be little, if any coordination of these services among service professionals to more adequately serve the children and their families.

Our studies were conducted to determine if these disconnected services can be better coordinated to include the school experiences offered these children thereby creating interprofessional practitioners who are knowledgeable about the range of professionals performing services for their students and how to access that network. The purpose was twofold: to determine the feasibility of preparing Interprofessional Teachers to become more knowledgeable about the range of human services offered their children; and to identify specific effects on teacher practice and student learning when teachers become more knowledgeable.

The first part is answered in part by what the Resident Teachers learned while working closely with their students and how they used this knowledge. They learned of a multitude of services, agencies, professionals, and procedures, some by initiating their own investigations

persuaded by students' needs and some by utilizing their personal and professional life experiences based on their own desire to help their students. The second part is answered in part by the notable changes which occurred in teacher behavior and the relation of student/teacher interactions as a result of working more closely with the selected students. Students were receptive to the idea of working closely with the Residents and ultimately many exhibited improved classroom behavior and academic achievement. Residents who made note of positive student improvement also noted improvement in their own teaching practices.

The results of Reports #1 and #2 suggest that teachers who do become more knowledgeable about their students and the services offered them, become more sensitive and are willing to utilize the networks available to help their children learn. It is our contention that teachers of children in poverty can be trained as interprofessionals who look beyond what happens in the classroom to what happens in the child's school, family, and community which can impact on improved teaching and learning practices.

Discussion

The results of Reports #1 and #2 are significant because most beginning teachers and teacher trainers have never worked with children in poverty nor had the experience of coordinating their teaching services with the services performed by other professionals. The results 1) provide a guide to establish a cooperative system of sharing of information among public health and human service agencies, public schools, and families, 2) identify essential elements in the relationship between students and

teachers to improve students' learning, 3) provide insights to help school systems provide inservice training for teachers to move them toward working with other professionals and care givers, and 4) provide information for the preparation of beginning teachers to help them become more aware and effective with children in poverty.

1. Establishing a Cooperative System of Sharing of Information Among Public Health and Human Service Agencies, Public Schools, and Families.

Young people seek help from teachers and human service providers who are frequently unprepared to offer informed assistance. Neither group working alone can provide all the answers, but working together they have greater opportunity to be successful. The Residents admitted that some connection must be made between what the system believes it is providing and what is actually happening in the schools. That connection appears to be a cooperative system of sharing information among constituencies.

The results of Reports #1 and #2 indicate that there are no insurmountable barriers to teachers and other professionals learning more about each other in the service of students. Accepting teachers as professionals and creating partnerships are possible, as is including parents as equal partners in the education of their children. Through training, teachers and health and human service professionals can learn the importance of providing collaborative services to help all children learn.

Other studies being conducted suggest that creating partnerships which include parents as equal partners enhances the opportunities of success. The Residents were quick to admit that teachers do not know everything, nor do social workers or guidance counselors. They

acknowledged that increased communication is necessary and any information a teacher or service provider has should be shared willingly among them as well as with parents and other families. Several Residents in the second group encouraged parents to make contact with their children's' teachers in setting mutual goals and expected outcomes. Their belief that equal support at school and home can enhance the students' learning is what motivated such suggestions and supports the philosophy of collaboration and integration of services. A cooperative effort including agencies, schools, and parents has the potential to improve the quality of teaching and learning in poverty schools.

2. Essential Elements in Teacher-Student Relationships to Improve Student Learning.

In both reports, Residents responded that their students enjoyed working with the them. In Report #1, once students were aware that the purpose of working closely was to help the students, not to "pick on them" or "spot them out," strong relationships developed to the extent that some students became classroom helpers and monitors. Some students were able to contribute insights on classroom dynamics for the Residents.

The results of Report #1 indicated that many of the students participated more in class, took more initiatives, asked more questions, and exhibited academic improvement. Residents who noticed positive changes in their students, also acknowledged positive changes in their own behavior. These Residents learned patience, the importance of consistency, and learned to "talk with" and not "yell at" their students.

Residents in Group 2 worked with students with handicapping conditions. Some students did not have well developed verbal skills and

some had physical conditions which required the Residents to seek out other professionals and parents in learning to effectively teach these students. These encounters provided excellent training for the Residents in anticipation for mainstreaming in the fall when they will be assigned regular classrooms which would include exceptional children.

Both groups of Residents agreed that coordinating their efforts toward improvement in student learning and creating strong student teacher relationships really depends on the individual teachers and whether they have it within themselves to be caring and helpful. Further investigation of this inner drive and other successful teacher characteristics has implications for recruitment and selection of urban teachers.

3. Helping School Systems Provide Inservice Training for Teachers to Share Information with Other Professionals and Care Givers.

As a result of the two studies, Resident Teachers made recommendations for opportunities to learn about other service providers and to share information. Some Residents made recommendations based on what they knew and what they learned during the studies, and some made recommendations based on what they did not know and what they were not able to learn during the time the studies were conducted (e.g. not knowing what services are available, not having the expertise of other resource/professional personnel). Suggestions were made for teachers to seek out and learn about their school personnel, the parent population, and the surrounding community. It was always a matter of the more they knew the better they could serve and that performing these tasks were a natural component of teachers' jobs.

As new teachers in their buildings, the Residents expressed a need to know who their school support staff are. They requested inservice training which would introduce staff members (including social workers, guidance counselors, and psychologists) and clarify their roles. They also requested the opportunity to share in the interactions other school professionals have with their students and the occasion to share in feedback of ideas. Partnerships within schools need to be developed wherein all staff members are recognized in their professional capacities to help meet the needs of children. Residents expressed some concern over the lack of recognition of teachers as professionals by others working with children. Inservice training could be the route to help change or diminish these views.

An extension of inservice training would be some type of symposiums set up by the school to introduce community resource personnel to teachers and parents alike. These Residents clearly want information which they can utilize to help their students and students' families. Experienced teachers and mentor teachers were viewed as valuable resources and Residents also recommended opportunities to share this knowledge.

4. Preparing Beginning Teachers to Work Effectively with Children in Poverty.

The most successful Residents, those who learned the most about their students and were able to coordinate some services for the students, were those who were reflective in their journal entries and during interviews. It appears that when these Residents raised questions about their students or their approaches to teaching their students, they sought solutions either within themselves or through the help of others. These findings suggest that it's more than learning teaching methods, it's caring and wanting to

help the children. It is a matter of having been trained to be proactive rather than reactive. Yet this is not easy and it can be frustrating. Some Residents learned this after they manipulated their way through bureaucratic procedural red tape. Only in some cases did the Residents' perseverance find success, but even for those who did not, they learned a good deal about the need for more integrated service connections. What they gained from the experiences now becomes part of their professional experience repertoire that will enhance their ability to helping others.

Having worked closely with selected students helped the Residents develop a clearer understanding of students' individuality. Many claimed not to accept what was identified in student records as problematic toward the students' learning (particularly for Residents working with students with handicapping conditions, but also true of Residents working in regular classrooms). The Residents were able to draw on the experience of these encounters while remaining sensitive and aware enough to recognize each of the children's individuality. They were able to use these instances to reconstruct or model new teaching methods to assist their other students. They learned to use all the information with careful judgment.

Conclusion

Report #1 and Report #2

The results of Report #1 indicate that these Residents learned more about existing services, programs, and procedures than the Residents in Report #2. They noticed more changes in their behavior, which may be due in part to the fact that they were at the end of their first year of teaching and

had a longer period of practice to reflect upon. Based on the focus of the study (to learn more about the students), these residents were able to make valuable recommendations about how school systems can provide for access to the resources and information teachers need to help their students.

The major themes identified in Report #2 differed slightly from those in Report #1. This group of Residents shared more of their beliefs about working with children, their thoughts about collaboration and its positive effects, their understandings about their responsibility to help their students, and their feelings of frustrations. These Residents indicated a greater understanding of the benefits of collaboration and sought help more often from other teachers, aides, and staff than did the Residents in Report #1.

The differences in the second group may be due to the fact that they are beginning their teaching careers and are filled with disparate feelings of enthusiasm and determination, as well as anticipation and trepidation. At this point in time, their concentrated efforts are on learning all they can to be effective teachers in the classroom. Perhaps the Residents in Report #1 were exhausted after their first year in the classroom and their concentrated efforts were simply on completing their assignments (e.g. year end reports, school assignments, first year teaching), or perhaps their students were not receiving services as evident as the students with handicapping conditions.

In either case, all the Residents offered some insights to the issue of training teachers of children in poverty. They admitted that their experience in participating in this study and in the Alternative Certification Program was valuable and important in providing them with experiential learning. They acknowledged that little if anything is done in traditional teacher training programs to prepare beginning teachers for what they will encounter in the

classroom. The consensus of both groups was that quality information about students and the resources for students must be prioritized so teachers can make use of every available resource to help children learn.

What Was Learned

Both groups of Residents did learn of services and programs available, and of the procedures to follow to help students get what they need. Many used their life experiences as parents and their knowledge of community services to help their students. Residents acknowledged the importance of knowing their students and knowing what is available to help them and by doing so it demonstrated that teachers care and helps them work better with the students. Most of the Residents indicated an eagerness to recruit and include parents in the education of their children.

In both Reports it was recognized that *caring precedes action* Although the first group of Residents received financial stipends while participating in the study, it was determined that no financial incentives will improve teacher/student relations. As concluded in Report #1, the stipends did not prove to be incentive enough for all of them to participate to their fullest capacity (26 hours maximum).

Questions That Developed

Residents in both studies questioned how they can replicate their case studies to include their entire classes. The question here seems to be more about whether they are able to apply the notion of this holistic approach to teaching all their students than toward increasing the amount of time they spent working closely with a greater number of students. Once

the approach is understood through training and application. Residents should be able to resolve this issue.

What is it that might predispose a teacher to be more involved with the "whole" child? Or, what is it within our training which moves them toward becoming more Interprofessional? At this point, we have resolved that individuals who enter teaching with a philosophy of *caring and willingness to help children succeed* will seek out other professionals and resources to assist them in their ventures. Exposure to the issues of professional collaboration and service integration during teacher training coupled with the opportunity to apply such theories has proven in these studies to be an impetus in developing more reflective interprofessionals.

What's Next

To answer these two questions in greater depth, we will continue to study the second group of Residents as they begin their first year of internship. Again, this group is not typical of those in teacher training. They are mostly minorities, older, and parents themselves. They are also being trained in a "best case scenario" with 5 full time mentor teachers and 3 university faculty directors. This group of Residents have been made aware of and sensitized to the concept of being trained as Interprofessionals during the Summer, 1993 and will select a student for a case study to work closely with throughout the upcoming school year. Will these Residents be able to use what they've learned and become very successful urban teachers? This evidence suggests that is highly probable and if so, the results will impact on constituencies of traditional teacher training programs around the country that they might re-examine their teacher selection and training criteria to prepare better teachers.

Conclusions and Implications for Teacher Education

1. Teachers meeting with parents and children in their own homes seems to be an extremely powerful influence on:
    a. establishing trusting relationships
    b. parents' willingness to share information
    c. parents' and children's attitudes toward the teacher
    d. children's behavior in class

Implications: Many teachers in training are fearful of parents and neighborhoods. They demonstrate these feelings which then become barriers to open communications with parents. This issue has implications for selection of teacher candidates as well as for training. It seems to us that the best training to work with parents is conducted in actual situations, where real teachers, parents and children interact around common problems and aspirations. The teacher trainee should also have the benefit of a mentor or coach who has demonstrated successful relationships with parents.

2. The teachers willingness to work with children in holistic ways is influenced by:
    a. the degree to which they care about the students
    b. the belief that they can have an impact on children's in-class behavior and learning
    c. their previous professional training and experience
    d. their personal experiences, particularly as parents

e. time constraints, including school meetings, university classes and assignments, and paperwork related to their role as teachers

Implications: How can these factors become part of teacher training? Which are teacher attributes that should be considered in the process of teacher selection (e.g. caring) and which involve learning techniques such as time management to cope with time constraints and paperwork.

3. Even teachers who have established trusting relationships with parents and who demonstrate they care about the whole child seem narrowly focused on the child's classroom behavior and learning. They think in direct, concrete terms of how parents and professionals can help them in their teaching and not in mutual terms of how they might also inform medical, nursing, social work and mental health practitioners.

Implications: Teachers need specific training and practice in two way communication with human service professionals. This training will be most effective if it focuses on actual interactions as part of the teacher's daily work. Experienced mentors can provide help and guidance.

4. Teachers seem ready to deal with the reality that almost all children in poverty and not only those already identified as "exceptional" or "special" have multiple needs for services. At the same time, they seem more ready to solicit advice and cooperation for children who have been formally identified and labeled as having handicapping conditions.

Implications: Teachers of children in poverty need on-the-job training in identifying children frequently overlooked because they may be quiet or unobtrusive in order to identify common conditions, e.g. abuse, addiction, malnutrition. Experienced mentors can provide this training along with school nurses and social workers.

5. Much of the information that teachers need to work with children in holistic ways is not in school records, or is unavailable, or inaccessible to teachers for a variety of reasons. Teachers need to learn to use school social workers and nurses where available, and to establish relationships with parents who will provide information. In many cases the children themselves are a source of valuable information; in some cases former teachers are useful resources.

Implications: Teachers need training on data gathering, working with other professionals who regard their information as privileged, and evaluating the quality of information they get from a variety of sources. They also need guidance in what they can and should add to children's written records. This training requires the help of mentors who know the legalities of particular practices in specific school districts.

6. As teachers focus on and learn more about a few children in their classes, they seem to be come more sensitive to the multiple influences on behavior which may be affecting all the children in their classes.

Implications: Teachers should engage in a few in-depth case studies of one or two children in every class.

7. As teachers learn more about their children the potential for more effective instruction increases. Increased trust, improved rapport and better communication lead to greater student effort and achievement. This contention is yet to be demonstrated by gains on standardized achievement tests but the portfolio evidence (i.e. more work products) and teachers' evaluations is quite strong.

Implications: Teachers need to learn more about the children in their classes. The procedures in the preceding six Implications should help to accomplish this objective.

8. The job of first year teachers of children in poverty is an extremely challenging experience even for individuals with great potential. Adding the task of becoming an interprofessional teacher working with parents and other human service professionals can be overwhelming. Yet, the best time for teacher trainees to learn what they need to be able to do is on-the-job, in the role of teacher, in a functioning school, with real children, parents and problems.

Implications: Teachers need to see that their efforts in this area are leading to more effective teaching and learning; that the time they are putting in with parents and other professionals is "worth it" in terms of their primary goal; greater student success in class. Mentors and other experienced teachers can serve as guides and supervisors in this regard. Teacher trainees need constant reassurance that the "extra" work they are putting in will, in effect, make their in-class work less crisis management and more pleasant.

9. Teachers going through this very intensive training are themselves at risk. We found health problems, marital problems, financial problems, serious accidents and emotional problems.

Implications: Teachers in training need support groups that are meaningful to them and that actually work. Teams, networks, and regular sharing are essential.

It is clear to us that traditional forms of teacher education (i.e. college classes, student teaching, etc.) are not a useful vehicle for achieving the kind of training identified in these reports. Instead, there must first be very careful selection of individuals who want to work with whole children and not merely "pupils" and who see their role as interprofessionals. Selection procedures must be developed which can assess and predict who will demonstrate this caring, relate to parents, and interrelate with other human service professionals. Secondly, for those teacher behaviors which can be learned by training, it is clear that teachers learn the behaviors we have identified by actually performing them in their roles as teachers. They can only learn what they will need to know by being able to relate to the parents, other human service professionals and the principal as teachers. They will never have the necessary interactions (trust or respect) which will give them the training if they are in the role of aides or student teachers or university students. This means that the programs of teacher education which are likely to achieve our goals are intern programs, alternative certification programs, inservice programs, or any program in which the training is part of the first year of actual teaching. Further, these programs must utilize mentors who are experienced and effective as interprofessionals. The

training is essentially one of showing how, discussing problems, giving advice, finding solutions, and providing technical assistance to teachers engaged in the process of performing in the role of interprofessional teacher.

Report #1

Introduction

Teachers of children in poverty deal with students who come into contact with a wide array of health and human service professionals as well as other community providers. These children may receive services performed by doctors, nurses, welfare workers, or a range of practitioners in mental health clinics, community centers, city health departments and elsewhere. The teachers' responsibility for knowing about and understanding what services their students receive is unclear. So too, is the teachers' training in this area. What would be helpful is some coordination of services and information among primary care givers, child development specialists, and teachers (Marshall & Wuori, 1985; Palfrey, 1987).

For children of all ages to be ready for school, they need to be physically, emotionally, and socially healthy. Over the years teachers have been asked to expand their classroom functions to help all their students in all ways that affect success in school but received little training to prepare them for such expanded roles. Teacher trainers are overwhelmed with the realities of the already broad role defined for effective teachers of children in poverty. This is understandable. Most teacher trainers have themselves never taught children in poverty nor had the experience of coordinating their teaching services with the services performed by other professionals. School practitioners need to become aware of what they can do beyond performing traditional classroom functions to better serve their students.

Past efforts in the field of health care have developed a community-based system of interagency links and collaboration. This system is based on the belief that services are best delivered by a comprehensive approach centered on the child, the family, and the community (Hutchins & McPherson, 1991; Pollard, 1990; Schorr, 1992). The positive results of a coordinated approach would suggest that teachers who become aware of the out-of-school services their students receive will be better able to provide a more meaningful context in which learning can take place.

The purpose of this study is twofold: to determine the feasibility of preparing Interprofessional Teachers to become more knowledgeable about the range of human services offered their children; to identify specific effects on teacher practice and student learning when teachers become more knowledgeable.

Significance

The results of this study can lead to a clearer understanding of how teachers' knowledge of health and human service professionals' work can impact on the schooling of children. It can guide those seeking to establish a cooperative system of sharing of information among public health and human service agencies, public schools, and families. It can identify the essential elements in the relationship between students and teachers to improve students' learning. It can help school systems provide inservice training for teachers to move them toward working with other professionals and care givers. It can inform the preparation of beginning teachers regarding possible facilitators and barriers to making future teachers more aware and effective with children in poverty. This study will also generate questions for further study of these problems.

Research Questions

These research questions guided the data collection:

- What do teachers in the process of becoming urban teachers learn from their direct observation of their students (and students' families) as they are served by health and human service professionals?
- Does this knowledge seem to change the Resident Teachers' behaviors, perceptions, understandings, and interactions with their students?
- Do these teacher experiences affect students' learning and classroom behavior?
- Do teachers who become more knowledgeable about services seek to utilize this network in behalf of their students?

Methodology

Data Sources

This study focused on 15 Resident Teachers in elementary and middle schools in the Milwaukee Public School system. The 6 males and 9 females ranged in age from 28 to 46 years old. Resident Teachers are college graduates without teacher training who have been teacher aides or paraprofessionals in the MPS system. They were recruited jointly by the public schools and by the University of Wisconsin-Milwaukee, School of Education. Individuals participating in this alternative teacher certification program were selected from a pool of 117 applicants. These individuals, designated Resident Teachers, began teaching in Fall 1992 and carried the full responsibilities of a beginning teacher in the Milwaukee Public Schools. An on-site mentor was provided for each four Residents. These mentors were carefully selected, highly experienced classroom teachers chosen by

the teachers' union and released full time to help the beginning Resident Teachers.

For the purpose of this study, Resident Teachers selected one to three students in their classrooms to work closely with on this project. The teachers then learned what health and human service professionals their students (and students' families) came in contact with and received services from. Resident Teachers received payment for all time spent after school and/or weekends working with these students in out-of-class activities getting to know them better. Resident Teachers were not required to participate in the study, nor were they graded on their participation in this study.

At the beginning of the study, Residents were given two resource manuals of local services and professionals available in Milwaukee. One is a "Parent Resource Guide" distributed by the Compact for Educational Opportunity, a consortium of 24 public school systems in metropolitan Milwaukee. It lists agencies, helplines, family activities, support groups, and general information for parents to help improve the quality of education for their children. The second manual lists resources in three alphabetical indexes, 1) emergency resource phone numbers, 2) agencies, programs, and advocacy groups, and 3) a problem index, listing the type of problem to be addressed (e.g. abuse, health, parenting, training).

Data Collection and Analysis

Various means of data collection were utilized: interviews, observations, teacher journals, and follow-up telephone surveys.

Using an interview guide, teachers made initial contact with the parents/guardians to inform them of the nature of the study, the

expectations of the study, and to ask for permission to proceed. The length of the study was approximately 3 months from March through the end of school in June, 1993. Residents spent a few hours per week with their students outside of class time (hours spent ranged from 3 hours to 28 hours total time). The activities engaged in with the students ranged from tutoring, sharing lunch, informal conferences, home visits, trips (e.g. library, zoo, mall), and attending family functions (e.g. picnic, funeral).

Each Resident Teacher kept a split journal to record the date and purpose of each meeting or interaction (who is involved, where, and when) and explain "What Happened?" and "Your Reaction." Periodically, the teachers recorded their responses to the questions, "Do you notice anything new or different about your teaching or relationship with this student? Do you notice anything different about this student's behavior?" (Both in-class and out-of-class.)

The interview guide served as a general question format to allow for follow-up of individual teacher's insights and reactions during the interview. Telephone surveys were conducted with Resident Teachers at the completion of the study to identify changes of perceptions, understandings, the kinds of knowledge gained, and the value these teachers place on learning about health and human services offered their students. Data was coded for key issues and events, and for patterns of thought or behaviors which were noted in the journal entries during the interviews or during the telephone surveys.

Findings

In analyzing the data collected in the journal entries, teacher interviews, and telephone surveys several categories emerged. These categories helped identify five major themes, 1) student selection and teacher participation, 2) what student or teacher classroom behaviors were changed, 3) what kinds of knowledge was gained, 4) how teachers used the knowledge gained, and perhaps the most insightful, 5) how teachers, especially beginning teachers can learn about the work of health and human service professionals who can help them to better meet the needs of their students.

Student Selection and Project Participation

Often there were combined reasons for student selection and project participation. While the Resident Teachers were given no criteria about which students to select, four of the six male teachers selected students they felt needed a male role model. Their reason for participating was to become the male role models for their students while getting to know more about them to help them in school. Several Residents chose a student who was "acting out," "had plenty of problems," or "wasn't doing much in class," Other Residents who selected more than one student had other reasons, "they were on top," "I liked them," or "s/he came into the class late in the year." Some teachers selected their students because they "had already been working with" them since September. One Resident responded that she "was already doing it. It was worthwhile to change the students' way of thinking about teachers." She added that this type of interaction with students provided opportunities for "good contact with parents."

The main point is that when asked directly why they participated in the project, most teachers answered, "to learn more about the kids," or "to show we care," or because they felt the students "needed the time." The message here is clear. *The Resident Teachers believed that the more they knew about their students, the more they could help them.* One Resident noted that "eventually kids tell you things." Only a few teachers answered differently as in "giving them out-of-class attention lessens the need for the child to seek attention during class, this is a learned alternative," and only one teacher felt obligated to participate "I thought that I should (participate) to go along with the bureaucracy." Fifteen Resident Teachers chose to participate in the project.

It should be noted that four teachers in the Resident Teacher Program chose not to participate citing two reasons. The first, was their belief that the training they were getting while teaching full time was more than enough for them to handle. Participation in this study was viewed as "one more thing" (i.e., requirement) that they were not willing or able to take on at this time. The second reason given was that the Resident Teachers were concerned that any particular students chosen for study would take advantage of the close relationship which would develop and might use it to become even more disruptive or even greater discipline problems, thereby avoiding responsibility for doing assignments. Several of the participating Resident Teachers also mentioned these reasons when asked about problems or barriers to participation in the project but they seemed to be able to put these concerns aside or address them as they occurred.

What Student or Teacher Classroom Behaviors Were Changed?

The Residents were asked to record observable behavior changes in their students and in themselves both in and outside the classroom. They were also asked during their interviews to describe what, if any, behavior changes were observed. Most Residents referred to classroom work habits, while some cited individual personality characteristics.

Teachers said that several students who were apprehensive about reading aloud in the class often read well one-on-one or eventually changed and began participating more in class. One student who would not volunteer to read aloud in class and would complain when asked, now "will just read when asked" and while working on a group project volunteered to be the spokesperson. A Resident who tutored her student in reading at home said, "He acts differently when I'm with him one-on-one. He is attentive. He reads very well at home. In class he can't do it in front of everyone, but when we read one-on-one, he reads very well, wonderfully." Another Resident who selected five students with in-class behavior problems listening to directives and doing assignments stated that the students now exhibit positive behavior, show more class participation, take initiatives, and have improved academically. Other teachers mentioned similar positive effects: students "don't make excuses about homework assignments," "have their equipment," and do the work requested of them.

Some of the students became the Residents "right arm(s)," or "monitors." They took on classroom duties to help set up and maintain order. These students often became the teachers' "eyes" watching over the classroom when the teachers were not in the classroom.

Individual character changes were noted by several Residents. "Out-of-school he is not hyper with the other kids. He is developing leadership

skills. In class he is always involved with the other misbehaving kids. Here (out of school program) he is quiet and on task" was one Resident's response. Another Resident made note about her student, "In school it's all action and at home he is relaxed." As a result she continued to take advantage of the out-of-school tutoring time she spent with this student. Visiting a student at a neighborhood community center, a Resident noticed "he was very talkative out-of-school. In class, he is not." Visiting the same student's home, the Resident saw that the boy "had saved many of the accomplishments he made in class (e.g. spelling awards, certificates). These observations were helpful in establishing their classroom working relationship.

When students engaged in negative classroom behavior such as disruptive behavior or producing poorer work, Residents simply called the students' attention to the problem and that seemed enough to address the situation. Often the relationship established with the children seemed to make in-class discipline and management easier. One Resident noted, "He was a lot of trouble, didn't do any work. He had that 'I don't care attitude.'" After a home visit, the Resident said, "He kind of fell in line, cooperated more. I guess he saw that I did care about him and would be fair about things. Now he does his work." However, in one case the student's grades went down and the student's attitude created a "push and pull" struggle between the Resident and the student. In another case, the student became outspoken during class "interfering with class activities and not turning in her work." In both of these cases, the Residents had to address the teacher-student relationship to re-establish their role of authority.

Some Residents said there were no observable changes in their students' behaviors. These Residents seemed to be those who were having

difficulty managing their classes and/or those who regarded this project as an opportunity for greater social interaction between teacher and student without the expectation that it might affect in-class behavior.

Several teachers reported observing changes in their own behaviors. They learned to set expectations, not to "yell" right away or blame the student when there were problems, to think first and to talk about problems one on one with students involved. When a Resident noticed students with poor performances or bad attitudes about something that has happened outside of class he made certain to talk with them, "We share if we have a problem before we bring it into the classroom."

Sometimes the Residents recognized the need to distance themselves from constant disruptive students. Some Residents worked cooperatively with other teachers and sent the disruptive students out of their classrooms to these other teachers for instruction. Another Resident adopted a plan to send her disruptive student to lower grade level classes to work with younger students as tutors. This second method was "a positive alternative to a 72 (discipline notice)." The Resident who instigated this method also actively involved her student in planning fieldtrips to offer as incentive to good behavior in order to participate. Both the teacher and student became aware of their behavior changes. When all alternatives to disruptive behavior were exhausted, one Resident would send notes home to the parents requesting the child be kept home from school. There appears to be a need for some teachers to distance themselves occasionally from their problem students, but by what means needs to be considered.

WHAT TEACHERS LEARNED AND HOW WAS KNOWLEDGE USED

The Residents learned about some specific existing services and programs that their students and their families utilized. Some became more aware of the roles of professionals who interact with their students. Some learned more about what procedures are to be followed to recommend services for their students or report concerns about their students. Some expressed desire to learn more about what services and programs are available in their community. This section will discuss what services, professionals, and programs the Residents learned about and how they used the knowledge they gained through the teacher and student interactions.

Knowledge of Services/Professionals

Some of the Residents investigated services for their students based on what they learned of their students' needs while some of the Residents learned of services and professionals from their students.

While investigating summer programs for several of her students, one Resident recommended Boys and Girls Clubs, day camps, local libraries, and a summer reading and math camp. One student's family could not afford the reading and math camp fees. Through further investigation, this Resident learned about summer scholarships her school makes available with the aid of matching funds from industry. As a result, her student was able to register for the reading and math camp.

One Resident visited an after school community center attended by one of the students he was working closely with. He learned that the center

is run by a local church and that many of the students in his school also participate in activities at the center after school.

Some Residents learned that their students see counselors and psychologists outside of school. One Resident learned one of her students is receiving professional counseling as the result of an incident with the police. She learned about a summer gang intervention program sponsored by the Social Development Commission. The Resident learned this counseling was recommended to the student's mother by the school counselor. Another Resident learned that one his students and her mother are seeing a counselor/psychologist as the result of child abuse allegations. Learning about these out-of-school services provided by professionals seemed to markedly expand Resident Teachers' knowledge base regarding the services available to help their students.

When asked what would happen with their students over the summer the Residents gave a variety of answers ranging from some of the programs mentioned above, to playing basketball, or simply "I don't know." One Resident did not know of any services her student could take advantage of over the summer to continue the one-on-one tutoring she was accomplishing. Unfortunately, the only summer school services this Resident was aware of were for students with special needs. Her student would not qualify for this type of service and therefore would miss reading with a tutor and probably fall behind over the summer. Here the answers reflect just how much a Resident was willing to get involved with the students. Some of those who knew of no services did not attempt to find out about any more. Others, with a repertoire of ideas, made many suggestions and shared ideas.

The Residents were also asked whether they knew their school social workers, counselors, and psychologists, and what their roles in the school were. Some Residents had not met these professionals and had no idea of their roles or responsibilities. Some offered descriptions based on limited interactions with social workers such as pulling a student out of class for unknown reasons. Teachers with social work background used their school counselors frequently, not only with the students they were observing but in recommending other students for services. One teacher had a counselor's office right next door to her classroom. She was able to seek his help often and recommend students for counseling sessions. His willingness to help her and his closeness facilitated communication.

One Resident's first contact with a school social worker occurred when the social worker came into class and pulled out a student. "She came in and said to a child, 'I want to talk to you.'" The student replied, "I don't want to talk to you." The Resident did not remember how long the conference lasted, but the girl returned to class "in 5 minutes." This is an example of no collaboration or follow-up between teachers and other professionals within a school building.

Another Resident who knew the social worker was "part time and deals with truancy problems" referred students when he suspected child neglect. One of his students was "sleeping in class," and even when awakened would fall asleep again. He learned that the student's mother worked nights and the student was home with a sibling. He checked with the student's mother who said, "there is no problem." The Resident felt the mother had limited knowledge about the child's activities while at work. This was important information for the Resident to have learned, but in his case, there was no follow-up and it is uncertain whether he will be able to reflect

on this knowledge for future interactions with other students. When this Resident was asked how he and other teachers find out about human services offered their students he responded that it is "left up to the teachers to find out but it doesn't happen a lot." This Resident did not appear to take very much initiative to learn more about his selected student and as a result, did not learn very much about the student or services available to students.

Typically, Residents gave descriptions of the school social workers' role as addressing problems of, "attendance," "absences/truancy," or "family problems." Three Residents answered "don't know" or "not sure" when asked what social workers did at their schools.

In some schools, the school counselor seems to have even more contact with students than the social worker. Counselors generally "see students if the teacher requests," or address issues of "grades," if the student "is in danger of failing." At times counselors see students for "discipline" matters. One Resident said the counselor, "helped a great deal with support, services, and encouragement" while another Resident said the counselor "doesn't seem to do a lot." Another Resident guessed the counselor sees students who have "emotional" problems. Again, how helpful counselors seem to be depends a great deal on what the teachers expect of the counselors or seek to find out on their own.

When asked about who addressed the issues of child neglect, physical or sexual abuse or foster care, Residents said it was either school social workers or school psychologists. There was also some confusion in Residents' minds about who oversees evaluating children for placement in special classes, the counselors or the psychologists.

There seemed to be some consensus that there is little or no follow-up after other school staff meet with students. Residents often responded

that there should be some sort of collaboration among social workers, counselors, psychologists, and teachers. It also did not seem to matter whether these other professional staff members were full or part time; the Residents' descriptions of their roles in the schools varied.

Knowledge of Programs

Teachers learned about a variety of programs from interacting with their students (and students' families) they did not know about before. One teacher learned about a teen pregnancy prevention program in the community (Families United Prevent Teen Pregnancy). Some teachers learned about community centers in the neighborhoods where their students could attend after school for tutoring and recreation. One Resident called and found out what type of tutoring the center could offer, whether the teacher needed to send materials, and how the teacher would get feedback of the child's attendance and progress. She felt she would not be comfortable unless she knew more about the situation she was sending her students to.

Another Resident investigated summer programs specifically for two of her students: the Boy Scouts for one boy, and an Enrichment Camp for academic improvement for one girl. Several Residents learned their students were involved in a variety of out-of-school church programs, sports programs, and local recreation programs throughout the school year.

The students of one Resident encouraged him to create his own afterschool program at the local library. One student in particular was demanding attention that he could not address in the classroom. He talked with a group of students who agreed to meet with him on Saturdays. Initially the students would start with "spelling and directions. We're going

to read the directions, break it down for understanding and reading will follow." Initially this group of students was requesting information on sex education. The Resident agreed to address their concerns with the help of another teacher who teaches in the same unit. First "they needed to catch up on a couple of things (mentioned above)." Conferring with his colleague, the Resident learned that some teachers teach different units in Health in his school.

How Was Knowledge Used

Of importance here is what teachers did with knowledge they gained from teacher/student interactions. They learned to consult with other professionals in their buildings. Some conferred with their principals, some with fellow teachers, and some with their mentor teachers.

Three Residents learned of student allegations of child abuse. One received a letter from a student who wrote she was going to run away, a second was told by a grandparent that the student claimed his mother was abusing him, and the third read about the abuse in the student's journal account. All three reported the incidents to their principals and as a result social workers were sent to intervene. As a result, one case was unwarranted, one led to the Resident learning more about the court system and house arrest procedures, and the third led to the Resident becoming involved in a custody hearing.

One Resident had a unique experience with a parent who wanted her to fill out forms attesting to the fact that the student was drifting into trances during class time. This Resident questioned the parent's action since she had not noticed the student exhibiting such behavior. The Resident did note that the student would daydream (not unlike some other students) but not to

any unusual degree. When the researcher questioned why this parent would want her child labeled with such a characteristic when parents often object to having any learning disability label placed on their children the Resident responded, "some parents don't care about their children." Actually, this was a way of getting increased monthly financial support for the child. If a child has extraordinary needs and the parent is receiving aid from the county, the more severe the need is, the more financial support the parent receives. In this case, the Resident asked her mentor teacher to also observe the child and both determined that this description of the child was not warranted. This Resident had never received forms directly from county services before and was unclear about how to complete them or even if she should.

In each of these cases, the Residents learned what their responsibilities were, what procedures needed to be followed, and what other professionals could be of help.

Teacher Recommendations for Services

In some cases the Residents used their own life experiences to recommend services for students and/or their families. These experiences were based on prior knowledge learned in school, past personal experience, and prior work experience.

One Resident tutored her student at his home and took him to the library on weekends. During home visits, the boy worked well one-on-one but in class he "was acting out." This Resident wondered if the boy's overactive behavior might be the result of his mother abusing drugs during pregnancy. The boy did not live with his biological mother. The Resident said she heard about crack babies and wondered if he might be one. A

relative of the boy confirmed her suspicion and the Resident recommended the boy see a physician. The Resident later learned that as a result of the physician's visit, the boy was recommended for psychiatric consultation as well.

Another Resident whose student experienced the death of her mother knew from personal experience that grieving could be painful or difficult and sought help from her principal. She learned that the school had nothing in place to address death and felt many students could benefit if such a program were established. As a result, the school developed a "grief" group and there are now regular after-school meetings which six to eight students attend. This Resident also has had work experience with a run-away support program and used this knowledge to suggest counseling for a student who was having trouble at home.

Teachers with social work experience exhibited the most intervention with their students. One who chose two students to observe, conducted home visits to provide the families with help working with the students academically and to learn how she could best meet their needs in her classroom. One student needed glasses and the teacher was able to help the family find the resources to get them. She spoke of other students in her class frequently and recommended that many of her students see the school counselor who provided a great deal of help during the year. It was not unusual for this Resident to seek out help of others to help her students. She noticed one of her students was inattentive, did not complete assignments, and did not follow directions. Speaking with the father of the child, she learned the child had a loss of hearing in one ear. Knowing this, she changed how she interacted with the student, made eye contact, and stood in front of his desk when directing the class.

Another Resident with social work experience worked closely with a young student who was in foster care. Anticipated visits with the biological mother brought out positive student behavior, but when the biological mother failed to visit, the student would become difficult in class and with peers. Part of the frustration in this case came when the teacher learned that the student was receiving counseling through the Department of Social Services, but that the counseling stopped because no one was able to take the student to the hospital for counseling appointments in the middle of the afternoon. Here, the services were available, but no one could coordinate the transportation. This Resident, although frustrated that the child was "not getting what she absolutely needs" used her life experiences as a parent to help her deal with many of her students and recommends that teachers should "be parents first," before entering the classroom.

Another Resident who noticed that a student was uncharacteristically silent during class sought to find the reason. The student said she "missed her mother who works nights." He empathized with her since he was raised without his mother. He explained that while the girl's mother wanted to be with her, she was working in behalf of the student and that such feelings were not uncommon. He felt it was important to talk with this student at the time and has done so with other students when he noticed considerable changes in their character.

In some cases however, there seemed to be a shut-down of what these Residents knew prior to entering the classroom which prevented them from using information in their classroom practice. For example, one teacher's spouse is a social worker, yet she never consulted him as a resource. Some Residents who themselves grew up in single parent homes felt empathy for students with similar situations but were not always able to

draw from their own experience to help their students. One Resident hoped that by "zeroing in on these kids and learning everything about them" that they would become the super leaders of the class. She did not to see any change and felt she had failed. She learned that quick and easy fixes are rare and perhaps her expectations of change were too high. Another Resident who spent part of her lunch hour with some of her homebase students and explained her awareness of a study on the benefits of this kind of experience, did not utilize the time effectively. In addition, the school she worked at previously had this type of interaction built into the teachers' schedules in order to benefit both teachers and students. In spite of this awareness, she did not use this opportunity to learn more about her selected student.

All of the Residents were given two resource manuals (described in the Methodology section) at the beginning of this study. Both include a variety of services, agencies, and informational helplines for parents and community members. Some Residents (whether they had prior knowledge of these manuals or not) used these manuals and some did not refer to them at all.

Using these resource booklets, several teachers were able to recommend children and their families to services and resources. A female student asked a Resident about where a family member could go for pregnancy counseling and the teacher used the resource booklet to recommend a neighborhood Planned Parenthood Clinic. Two teachers were asked by parents about legal aid information and were referred to services listed in the resource books. Several teachers used the booklets to seek out summer programs for their students in tutoring, reading/library, and recreation. One teacher investigated free summer lunch programs and

food pantries knowing that many of her students receive free breakfast and reduced fee lunches during the school year. One Resident made and distributed copies of one of the resource manuals to each of the parents of students involved in her study.

It should be noted that eight of the teachers did not use the resource books provided. Of these eight teachers, only four did not learn about nor recommend any health and human service professionals to their students or students' families. The other four who did not use the resource booklets had experience with and knowledge of other counselors or programs they thought were as good or better than those in the resource booklets.

Training Teachers About Health and Human Services

The Residents were asked to make suggestions about how other teachers, especially beginning teachers might learn about the value of knowing about health and human services, professionals who interact with their students and their families. Most of them said it was important and valuable knowledge so teachers can refer to some resource to help the students and families who have needs. Their suggestions follow:

- Resource people need to tell teachers what drug problems exist, what the signs of drug abuse are, and what behaviors to watch for that may indicate drug problems.
- Teachers need to learn about the population in their schools, including information regarding poverty and ethnicity. "Someone" should provide help with cultural diversity in schools in order to clear up teachers' stereotypes. Teachers do not know what reactions they might get,

particularly when they make home visits (e.g. an African-American teacher visiting a Hispanic parent, or a white teacher visiting an African-American parent).

- Teachers need to learn about their schools' communities.
- Not traditional inservice, but some sort of symposium where all the local agencies are represented in one place at one time so that teachers can learn what is offered in total and whom to contact.
- Paid incentives for teachers to attend in-services should be offered.
- Coordinating effort really depends on the individual teachers; they have to feel it within themselves. There could be course/classes on the signs to look for to heighten exposure and awareness but it really can't be taught, "You have to have an inner drive."
- An elementary school Resident recommended more course work on the developmental stages of children in order to learn what kids do at certain ages so there are specific characteristics to look for.
- New teachers need to meet with supporting staff at the school to learn what is available to all the students. New teachers need to know everyone in their school buildings: teachers, social workers, counselors.
- Experienced teachers who have done this and learned these things and applied them to students need to be brought in as resources to beginners. Let them tell what the experience is like, the positive and negative effects, and how it impacts on classroom interaction.
- When the system has a meeting with the new teachers to cover questions about their contracts, some type of written information about the services available through the system could be included.
- For the most part, other professionals do not see teachers as professionals or as any resource at all. Teachers can be valuable

resources when social workers are dealing with custody cases, but are not included in the process. The notion that teacher know little which can be of real use to other professionals needs to be changed.

Most of the Residents cited sources for learning to better interact with students and improve teaching as someone other than the teachers themselves. They seemed to be asking for "things" they could be given to solve problems they have in their classrooms. Only on occasion did a few of the Residents say the responsibility for improved classroom interaction was up to the individual teacher.

Conclusion and Recommendations

The major assertion from the data analyses was that teachers are able to become knowledgeable about the health and human service professionals who interact with students. What they learn and what they do with the knowledge to improve teacher and student relationships and learning is of special interest.

1. What do teachers in the process of becoming urban teachers learn from their direct observation of their students (and students' families) as they are served by health and human service professionals?

The Residents who participated in this study learned of a variety of services and programs available to help students deal with physical, emotional, and social problems. Many learned about the necessary

procedures to follow in reporting suspicions of child abuse/neglect and some learned about the legal system's involvement in investigating and assessing the case.

Some Residents were clear about the roles of their schools' social workers, counselors, and psychologists, others were not. Often the roles these other health and human service professionals play in the lives of children and schools is not clear to any teachers in a particular school building. Some Residents took the initiative to set up meetings with school counselors or refer students to counselors for one-on-one interaction. This was not always the case, partly because some Residents did not appear to know when or how they might get help from these other professionals. Social workers tend to make initial contact with students in the Residents' classrooms based on some recommendation that Residents were not always clear about. Teachers need to know what the social worker's role is in their particular school.

While some Residents felt uncomfortable asking about and learning the more intimate details of their students' lives, three Residents in particular became closely involved in the lives of their students. They felt this was positive but harder on them. "You're almost too close" and "maybe you learn too much." They felt that teachers cannot resolve many problems due in part to the bureaucracy and this was frustrating. One Resident learned her student was receiving counseling services at a hospital but because the counseling sessions were scheduled during school day afternoons there was no one to transport the child to the counseling session. Here it became very frustrating for the Resident who saw a need for the services but no collaboration of scheduling or allocation for transportation.

What the Residents learned about their students was not limited to only those students selected for this project. More often than not, (i.e., 12 of the 15 participants) Residents mentioned other students during their interviews. Many said they should have selected a different student and then shared information about another child. It was interesting to note that these Residents expanded their own investigations based on self-interest and self-motivation.

2. In what ways does increased knowledge seem to change the Resident Teachers' behaviors, perceptions, understandings, and interactions with their students?

Behaviors

Because teachers learn a lot about their students does not automatically mean that they will change any classroom behaviors in themselves or the students. Certainly some Residents noticed positive changes in students' behaviors; these included more class participation and academic improvement. Some Residents changed the manner in which they redirected particular students to get them back on task. One resident said the direct observation of his selected students, "is something I should have been doing all along, and will continue to do next year." It appears that among the Residents who saw positive changes in their students' behavior, they also tended to notice positive changes in their own behavior. Residents who reported fewer insights about their students said they noticed no changes in their own or student behaviors. These Residents did not learn more about their students and therefore had little or no information to use to determine if any behavior changes occurred.

Perceptions

Regardless of what students' folders contain, or what other teachers may say, or even how the students act, classroom teachers claim to make up their own minds about each individual student. One student came in labeled because of behavior problems and a previous teacher told the Resident, "He will fail." This Resident said she has learned to, "Make my own decisions about students. Don't use their folders or what other teachers have to say" as the only basis for decision making. This Resident learned a lot from speaking with a parent of one of her students. This parent had a child who was to be M-Teamed. (M-teams consist of a meeting of the child, parent, teacher, social worker, and perhaps other school counselors who come together to assess and evaluate the child's academic progress. Recommendations for M-teams usually are instigated by the teacher based on poor academic classroom performance. The teacher usually has indicated some type of learning disability and the M-Team evaluation is the process through which students are assigned to different learning environments.) In this case, the parent objected to the M-Teaming and explained that of her eight children all the older children had been in similar circumstances and in each case she refused to have them M-Teamed. Eventually they all caught up to appropriate levels. The parent explained that she knew that her children responded slowly to school standards but that they would catch up. This teacher said she couldn't argue with this kind of knowledge and experience and also declined the M-Team evaluation.

In many of the interviews, Residents noted that the parents they had contacted were excited to have the teachers work so closely with their children. When some of the Residents told parents they chose their children

because they were doing well in school, the parents were surprised. Here it is interesting to note that most teacher and parent interaction takes place when their are problems to be solved not praises to be shared. Perhaps teacher and parent contact needs to be reassessed in order to counter this notion.

Understandings

Knowing more about the child's life outside of school can help teachers direct students' educational needs. This is "an important part of being a teacher, the more you know can help." What teachers can learn about the lives of their students is valuable information if they want to help the students learn. The Residents learned a great deal about their students' family demographics. Family makeup consisted of grandmother households, single parent households (unmarried parent, divorced, parent deceased) and extended family living together. Knowing who lives with the children can help teachers learn more about the home and child support system which impacts on the child's daily interaction in the classroom. Some teachers learned that there was no one in the home supporting the childrens' educational endeavors. In the cases of unsupportive home atmospheres teachers have bigger challenges and will need to seek out help from others in order help the children.

Teachers also need to become aware of the parents educational experiences as well. The foster parent of one child is committed to education while the biological parent cannot read and did not have a good schooling experience. These differences have definite effects on the child's schooling experience.

Overall, those Residents who learned more about the children became more patient and understanding when they were aware of childrens' home environments. When they noticed disruptive behavior they were better able to stop, think, and analyze the situation rather than reacting and administering swift discipline.

Interactions

Working with students outside of the classroom or school can show that teachers "care" and help them "work better" with their students. One Resident felt that the attention some students get out of class, "lessens the need for the child to seek (good or bad) attention during class." These interactions become "tools for learned alternatives." Several Residents were able to see positive changes when interacting with their students one-on-one as tutors, confidantes, friends, or role models.

Most of the Residents saw the one-on-one interactions as positive, that the students "act differently when (teacher) is with (student) one-on-one." Other comments about individual student interaction were, "was excited about spending time after school," "very receptive to spending individual time with teacher," to "delights in spending time with teacher."

Residents who deliberately shared lunch periods with their students saw these times as opportunities to learn more about their students and develop better teacher/student relationships. It became a chance to give personal help.

Residents who made home visits noticed the great deal of attention their students gave them when they showed up at their homes. It showed that the teacher's concern extended beyond the classroom and the students developed a new respect for the teacher. These Residents indicated that

the parents were pleased with the interactions outside of school and were willing and enthusiastic about helping their children improve in school.

What became apparent in several of the Residents' journal entries was that the teachers developed a sense of understanding the students' attitudes and moods. The Residents were able to sense when things were bothering the students (e.g. irritable, silent, acting out). These became times for teachers to reflect on their students' lives and learning.

A constraint about working with one to three students in this capacity is that other students notice the extra attention certain students are getting from the teacher and want to also be included in such after school/weekend interactions. A few teachers found these feelings difficult to accommodate. In most cases however, teachers did not notice that other students became aware of the selected interactions or made certain that they did not give special treatment to the selected students as opposed to their other students.

3. Do the teachers experiences affect students' learning and classroom behavior?

Since most of the Residents answered that knowing about the childrens' out-of-school lives can help teachers direct their educational needs, it would seem that the answer to this question should be yes. How apparent did this become to the participants? In some cases Residents noticed that students took initiatives, participated more in class, asked more questions, and raised their grades. Some students responded to directives better after working with teachers outside of classroom time. Some

teachers had difficulty limiting the number of students they were working with for this study. When other students in the classes saw the extra time and attention the selected students received, they wanted to be included in the "group." Some students went out of their way to be mean or disruptive to be included.

Some teachers questioned how they could expand this type of interaction to an entire class as opposed to one or two students. Yet, some teachers had no problem working with five students, and some teachers made home visits to all their students. Several times during interviews Residents mentioned that if the teacher is interested and has the desire to do this, it can be done.

Some Residents noticed that while some progress is made in the students' learning and classroom behavior, the teacher cannot meet every need the first year. They allowed that this is more common than not and they learned that things that go wrong are not always directly related to the teachers.

At a community center, one Resident observed his student playing basketball and correcting the score of the game. Having witnessed this and his student's interaction with a tutor at the center, he realized that his student was learning and sharing his math skills.

Another concept which needs to be noted here is that some of these teachers themselves received health and human services during the time they interacted with their students, or were going through personal life changes which would affect their own classroom behaviors. Examples of the types of interactions and changes the Residents had during the study are: two divorces, empty-nest syndrome (child leaving for college), major and minor surgery, two spouses had surgery, child involved in a school

social work program acting as a mentor to younger students, pregnancy, deaths in the immediate family, elderly parent institutionalized, family counseling, and chiropractic services (the Resident was diagnosed with back pain brought about by on the job stress).

One Resident who was going through a separation and eventual divorce had no spouse support while enrolled in this program. The Resident who was in family counseling found this to be helpful in exposing her own insecurities and frailties to the parents of her students. She learned how vulnerable she was and as a result became less condescending thereby narrowing the gap between teacher and parents. She was better able to share with parents acknowledging that things happen in people's lives and that everyone is liable to become a victim of some situation or another.

Another Resident whose spouse had major surgery and was herself going to have major surgery was able to share her experience of interacting with a close relative who was in a great deal of pain during illness and recovery. She was able to help one of her students whose mother had surgery. She explained that his mother was "not super woman" and that he needed to understand that her moods might change during illness. The Resident used this opportunity to discuss her own asthmatic condition with a student who also has asthma. She was able to teach him to use his medical equipment (inhaler) properly. As a result of these kinds of discussion, this Resident even explained death and dying to her students.

4. Do teachers who become more knowledgeable about services seek to utilize this network in behalf of their students?

Our data support the finding that teachers do become more knowledgeable and do use the networks. In addition, some recognized the positive effects of sharing this information with other teachers in their building. One Resident who learned of abuse allegations from a student was able to refer that student to counseling and shared some of the information (while maintaining confidentiality) with another of this student's teachers. It seemed the other teacher had noticed changes in the student's classroom behavior and wondered what might be happening in the student's life. The Resident had insights which helped her colleague through this situation.

Another Resident with a classroom next to the school counselor's office was able to seek help from him and referred students to him. The closeness of the two rooms was certainly a major contributing factor in this case but it supports the importance of intraschool collaboration. This Resident admitted that the counselor was so close that it became easy to ask him to observe or speak with any child she recommended. A second Resident who utilized her counselor said he "helped her a great deal with support, services, and encouragement."

From the Residents interviewed it is clear *that caring precedes their actions*. Residents did go out of their way to help the students, to find out about what their school and community has to offer the students, and to establish open-door policies in their classrooms for parents to come visit and spend time in the classroom. There is no single profile of who the teachers are who are most likely to do these things. Again, during the

interviews many suggested that it is up to the individual teacher to want to do this; that it is within them or in their nature. The Residents who did spend more time with students became friends with them and seemed to learn a lot both about and from them. While these Residents mentioned that time spent with the students often took time away from their own families, they continued to spend added time with their students. For most Residents, time alone was not a barrier to participating in this study but a few teachers used this as an excuse/apology for not having done much. "I haven't done too much," or "not too intensely" were typical comments from those who referred to time as an obstacle.

Unexpected Outcomes

It would be interesting to know how many principals or other school staff were aware of the Residents' participation in this project, and if that would effect the outcomes. One principal who was aware of a Resident's participation gave positive feedback. Based on the findings reported and some speculation that if there is a supportive and collaborative effort to commit to a project such as this in an entire school building, the positive outcomes should increase.

It is appropriate here to mention the financial aspect of this study. Residents were paid for the out-of-school time they spent with their students. Yet the hours Residents spent varied from 3 to 28 hours. Was money an incentive for these Residents to participate and learn more about their students? It appears that the money was not what motivated most of the Residents who learned a lot about their students, nor was payment enough to make a few Residents do more than they were willing to do. If money were an incentive it would have been reasonable for some Residents

to do more than the three hours. One Resident who did learn a lot during this study indicated that paid inservices were not incentives for teachers, "people tell me I'm getting paid to do this, but the money is not enough when the time spent takes time away from my family." Another who suggested paid inservices for teachers to learn about health and human services, recanted saying, "getting paid to learn how to do this, you'd get fought by those saying they're already doing so much."

In this study it did not seem to matter where the meetings took place, nor what the teachers and students did together in order to learn more about the health and human services the students received. While some met informally before or after school, some went to family gatherings. While some tutored in school, some tutored the students at home. Many teachers did not indicate what they were learning in their journals, but when interviewed and questioned directly this information surfaced. Teachers need to learn to reflect upon what they already know as well as upon their prior life experiences. Several mentioned that being parents themselves helped them view the role of teacher from two perspectives; parent and teacher. Residents sought to solve problems they had seen and experienced when they visited schools as parents and now as teachers, had the opportunity to change.

Certainly the two male teachers who initiated home visits in the fall for all their students were making a significant change in behavior. One teacher said that he, "liked the idea of making an effort to go in and meet with the teachers" of his own children and felt, "teachers could make the effort to meet with the parents as well." Four teachers who made home visits mentioned that when colleagues learned they were doing this they heard all kinds of negative, discouraging reactions such as: "stop," or it was

"not required." Some colleagues said it was "not safe." Others said, "You don't know what you might get into." These Residents did not let such comments deter them and they continued to view home visits as a highly positive approach.

Questions For Future Study

There appears to be a pattern of seeking deeper insight into the lives of students and into their interactions with other professionals by participating teachers who are parents themselves or have social work experience. Residents with social work experience tended to delve deeper into the lives of students with whom they worked directly and extended themselves further within the classroom to include more students than those selected for this study. What happens when training social workers that is different from training teachers? Can teachers learn what social workers learn? What kind of people enter social work that is different from those who enter teaching? What is it about being a parent that might predispose a teacher to be more involved with the "whole" child?

What can be done during teacher training to provide future teachers with reflective opportunities to learn more about what they are doing or what others are doing in the classroom? And, how will teachers know to continue this reflective process once they leave the training ground?

Does learning about health and human services/professionals who interact with their students make the teachers' jobs easier? Perhaps not immediately because it does involve more time commitments. But, it can help the students right away and in the long run it can help the teachers build their repertoire of resources and knowledge to be able to improve the

quality of their interactions with all of their students. This group of teachers ranged from some very committed individuals who used their insights and knowledge to help their students, to some minimally committed individuals who participated because they were asked to do so. In all the cases, the teachers said their students were smart, bright, intelligent. This seems to indicate that these teachers believe their students can learn, but the more committed teachers were there to insure their students' success.

The population of Resident Teachers in this study is not typical of those in teacher training. These are mostly minorities, older and almost all parents. They were all college graduates and had years of service as teacher aides and paraprofessionals in urban schools. In addition, they received substantial support from mentors.

The logic of using this atypical example is to be able to argue that if this carefully selected, highly urban, very successful group of first year teachers could not be made more "Interprofessional" then it is highly unlikely that typical undergraduates in traditional programs of teacher education could be. On the other hand, if this group of Residents could be made more responsive to Interprofession practice then other constituencies might be moved in that direction as well.

The basic question that arises from this study is that since most Residents moved toward becoming more of an Interprofessional was it because of their life experience, our training or their natural predispositions. Future study should be directed at gaining greater insight into this question since the answer will lead toward more careful selection or better and different training.

Implications

Because young people are likely to turn to teachers and human service providers for help and because such persons are frequently unable to offer informed assistance (either they do not know or have not been trained to know) the results of this study are important to filling the gap between teachers wanting to help students and teachers knowing more about available services. Neither teachers nor human service professionals working alone can know all the answers, but together they should be able to collaborate to provide the resources that better resolve student problems. This study indicates that there are no real barriers to teachers and other professionals learning more about each other in the service of students. Time can be found to work more closely with students and monetary supplements are not necessary incentives. Teachers who want to help their students are usually successful in meeting the students needs or finding resources who can. What is needed is the commitment from both teachers and health and human service professionals that they can help students through a holistic approach of sharing knowledge about students and services.

Teachers and schools cannot view themselves as isolated from the community, separate from families and services. Each school and its surrounding community is diverse and unique to the population it serves. Therefore, all school members need to be aware of the neighborhood and the neighborhood outreach. There is no single way to improve the quality of education but each teacher plays an important part in taking initiatives to connect the out-of-school lives of students to in-school learning. Major changes are required in both teacher and social service worker training to provide them with shared visions for what can be accomplished through

schooling and human services integration. This can happen when teachers and health and human service professionals consider each other as equal partners and learn during training the importance of providing the necessary support for collaboration of services so that all children will learn.

Our follow-up study (Report #2) continues to assess the feasibility of training teachers to be interprofessional practitioners with a second group of Resident Teachers. In this new group, none of the teachers or their mentors receive any stipends for their "extra" work with children and their families. The population studied are 19 teachers in a summer program preparing to teach in September. Their children in this summer program are all in poverty and have handicapping conditions. The teachers themselves are 13 African-Americans, 1 Hispanic, and 5 whites; six of whom are males and thirteen female.

A Final Note - Teachers in Poverty

In the course of doing this study it soon became apparent that we were not only dealing with children in poverty but teachers in poverty as well. The individuals preparing to teach were all college graduates who were previously working as teacher aides for approximately $12,000 per year before entering this program. Many had held a second and even a third job. All lived within the city of Milwaukee.

During their year of residency our total group of nineteen teachers experienced the following:

- Two major surgeries, one requiring over a month of recuperation.
- Two separations, one culminating in divorce.
- Three physical attacks (not by their own students) requiring extended physical therapy and medication.
- Two major illnesses of spouses requiring surgery and reshuffling of household duties.
- Three changes of address.
- One serious, chronic back ailment.
- One filing of personal bankruptcy.
- Numerous major illnesses of children, including one Resident whose daughter was diagnosed with cancer.
- One voluntary commitment for alcoholism by an individual who did not complete the program.

This list does not include the "normal" range of illnesses including colds, flu, bronchitis, laryngitis, strep throats, aches and pains which

trainees simply taught through as they continued to perform their responsibilities.

The point of this recounting is twofold: first, when preparing adults to teach they have a wide range of personal experiences with health and human service professionals; second, the subjects of this study, i.e. the trainees themselves are people in poverty or rising out of poverty, who are experiencing on an adult level what their students in poverty are experiencing on a childhood level.

These "teachers-at-risk" may be more sensitive to the needs of children in poverty than traditional beginning teachers, who are likely to be white females, single or childless, approximately 25 years of age, and from working or middle-class backgrounds. In effect, our Resident Teachers and their families, may be working with some of the same types of professionals that their children are treated by. The major difference is that once they are appointed as teachers they become fully covered by health benefits, and lose the benefit of any income supplement programs. The best way to summarize the differences between our teachers and their students is that those slightly above poverty, or recently removed from poverty, are teaching children and their families still in poverty. Our experience thus far is that this makes our Resident Teachers caring, sensitive and aware in their willingness to relate to the children and in their acceptance of the children's problems. In Report #2 we replicate the study with similar populations of teachers and children to support these contentions.

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Report #2

Overview

This is Report #2 of a study conducted at the University of Wisconsin-Milwaukee of Resident Teachers in an Alternative Certification Program focusing on the impact of training teachers of children in poverty about the specific health and human services offered to the students in their classrooms. It is our belief that teachers need to be trained as Interprofessionals, that is, practitioners who learn more about their students by interacting with them and the other health and human service professionals who come in contact with them. Our hypothesis is that by taking this holistic approach to teaching children everyone benefits, the teachers, the children, the parents, and the community.

Since most of the Residents in the first study (Report #1) moved toward becoming more Interprofessional, the results raised the basic question about what it was that contributed to this change. Was it because of their life experiences, the training they received, or their natural predispositions? The purpose of this study is to more closely determine what factors contribute to the development of teachers who are caring, sensitive, and willing to help children in poverty learn, and to identify how professional training programs can support and enhance these qualities.

This follow-up study (Report #2) is an assessment of a second group of 19 Resident Teachers who began an Alternative Certification Program in the summer of 1993. These two groups differed only slightly. In this second group, none of the Resident Teachers received any stipends for their work with students, but all 19 were required to select one of their students for a

case study assignment. The other differences between the two studies were, 1) the duration of the summer study was a period of six weeks, and 2) the students were all working with children who had handicapping conditions. The fact that some of the children did not have well developed verbal skills was the only barrier identified in the study. Residents who experienced this communication barrier had to rely on other teachers, professionals, parents, and student files for their background information. This summer experience with exceptional children was offered to prepare the Residents for mainstreaming in the fall when they would take over regular classrooms which would include children with handicapping conditions.

This second group of 19 Resident Teachers ranged in age from 25 to 46 years old. There were 12 African-American, 1 Hispanic, 1 Arabian, and 5 whites; six were male and thirteen female. All of these Residents had years of experience working in public schools as aides or para-professionals earning approximately $12,000 per year. In September, 1993 they were assigned as full time beginning teachers with their own classrooms of normal children. As with the Residents in Report #1, they receive the same benefits as other teachers in the system. It is our experience based on the results of Report #1, that these Resident Teachers enter teaching as caring, sensitive, and willing practitioners who are aware of and accepting of the children and their problems. They have professional and personal life experiences which tend to make them more aware and sensitive to the needs of children in poverty than traditional beginning teachers. Because of these background factors they are not typical of traditional beginning teachers, trained in traditional ways.

The 1993 summer session ran for 6 weeks with the Residents teaching exceptional education students each morning followed by teacher training sessions on four of the five afternoons. Residents worked with co-teachers at the school sites and received classroom instruction from university faculty and visiting professionals. These Residents were just beginning their training in the Alternative Certification Program and were enthusiastic and anxious. (To replicate the training conditions that were in place for Report #1, the Residents work with five full time Mentor Teachers and meet weekly with three university professors for training sessions throughout the school year beginning in September, 1993.)

For this study, each Resident was to select one student as the subject of a case study. They were instructed to learn as much as they could about their students in an effort to improve the teaching and learning dynamics for the teachers and their students. In particular, they were to learn about any other health and human service professionals the students and their families interacted with. Residents were to report their findings and reactions in journal entries. At the end of the 6 week summer school session, Residents were interviewed to determine what they learned and how they reacted to participating in the case studies.

Discussion

During analysis, data were categorized and the following major themes were identified, 1) collaboration, 2) teacher beliefs, 3) teacher action and responsibility, and 4) frustrations. These themes differed from Report #1 due in part perhaps to the differences in the two studies; that all the

students in this summer experience were in exceptional education classes, that the summer school session was shorter in duration, and that these Residents were beginning their year of teacher training as opposed to the Residents in the Report #1, who were finishing their training year. Perhaps the difference in major themes is also due to the Residents' focus on their case study assignments to concentrated on learning more about their students and the other professionals they interact with.

Collaboration

While the Residents in Report #1 gave some examples of working with other teachers or professionals in behalf of their students, most did not learn a great deal from nor share very much information with others. The Residents in Report #2 indicated a greater understanding of the benefits of collaborating with others and sharing information and experiences. As far as collaborating with their Cooperating Teachers, Health Care Aides, school staff/aides, other teachers (friends or school year teachers of their selected students), most of the Residents said they did it, they will do it, or they highly recommended it. Some of this emphasis may be due to the fact that some children had minimal verbal skills and Residents had to rely on others for information, but to a greater extend it appeared to be a natural reliance. Examples of their responses in regard to collaboration follows.

Almost all of the Residents indicated the need to share information about students and about teaching. In response to how teachers, parents and other professionals can help students, collaboration of information was often the answer. One Resident said, "There needs to be some collaboration somewhere." Other Residents responded, "There needs to be increased communication." and "Beginning teachers don't know everything.

There are others you can ask and learn from." "If you know something you should be willing to share with the parents or other families." The problem with these statements was that while most Residents cited the need for collaboration, some of the same Residents did nothing to advocate for it. (More discussion about this will be found under the heading Teacher Action/Responsibility.)

Residents used what they knew, believed, or had experience in, when confronted with questions or concerns about their students or their classroom practices. They found their co-teachers easily accessible and helpful. In regard to a child's complaints, one Resident shared her thoughts with the co-teacher, "I discussed what I felt were the student's reasons for this reaction with the co-teacher and we agreed it was possible." Curious about a student's speech impediment (physical reality or due to nervousness) a Resident said, "I'm curious about her speaking, is it an impediment or a cover up of nervousness when she interacts with me or teachers. My co-teacher is curious about it too." Still another Resident said, "The co-teacher explained a lot of things about teaching. I learned how to keep students interested. Their attention span is short." One Resident initiated a teaching technique to help him get all of his students involved in the classroom discussion and explained that his co-teacher was going to adopt it for her classroom. He stated, "I would wait for volunteers to answer, but then I knew not all were getting included. So I came up with an idea of index cards. I put one name on each card and stacked the cards. I would ask for volunteers first and then I would say, 'Let's shuffle the cards and see who is going to be the next winner to answer the question...and the winner is.' That worked to get them all involved and I didn't miss any kids. My coop. teacher said she liked it and was going to try it."

A Resident with a background in social work knew about many services and was familiar with many resources. She also said she didn't "hesitate to use this, or my husband (heads a social service agency), and our professional friends (e.g. doctors, dentists, therapists)."

Some Residents relied on information they learned from other school staff members and modeled their actions to fit where needed. Many of the Health Aides at the summer schools were helpful in sharing what they knew from previously working with some of the students. They said things like, "I had your student and you should watch your food because he goes after any food he sees," and "I know something about him/her." A Speech Pathologist who usually did a pull-out program in one school worked with the classroom teachers to provide help to not only the students with special needs, but to all the students as an opportunity to work together. "He is really great. When he comes into the class we work together as a group, the other teacher, me, and the 13 kids. Sometimes we read a book or we plan something to work on together. This is nice because then all the kids get it (work with specialist)."

Confronted with what types of reading materials to direct her students to in the library, one Resident talked with a friend who teaches about what she does in the library. "She said that with her students, she just lets them pick out any books on their own. I did that with the older students with low reading levels then, and they went to the children's area and picked out books they knew they could read. They read 3 or 4 books in that half hour and they liked it." Another Resident stated, "My girlfriend is a teacher so I do ask her things all the time."

Whether or not the Residents shared information during the summer session, they recommend it as valuable practice. For help in general, "I

know other teachers from my last school I could ask. I have lots of friends that are in the system and I could talk to them," and "Talk to the social worker or psychologist and say, 'I'm going to send Joe to talk to you. Talk with him and let me know what you think.' Invite them into your classroom to observe the kids and then ask them what did they think of whoever." For help in reading, "Today we had Ms. C. talk to the class and she was saying that sometimes when kids are having trouble reading it might be because they were taught in whole language and they may have missed phonics instruction. I'm wondering if this could have happened with 'J'?" For student information, one Resident used the bus driver as a resource, "The bus drivers, they are a very good resource. They see the kids outside the classroom environment. For one student who dropped from the program, I had to ask the bus driver what happened. We had no way to contact the family." This same Resident also recommended the school secretary as a valuable resource, "The secretary has lots of information." A group of counselors spoke with the Residents in class which influenced one Resident's response, "For example the counselors who talked with us the other day. They talked about the procedures and their effectiveness, the parameters of their jobs. It had a more personal touch than reading a paper about it. We now know the profession not just the position."

There were also some comments that teachers made which indicated that not all teachers offered helpful advice, "Other teachers tell you there is nothing up there (pointing to her head). I brought in a number and peg puzzle...The co-teacher said to me, 'Why did you bring it in, that is way too difficult for him.' But he did it." and "I've observed that summer school teachers don't have high expectations for the students. They talk about the students like they aren't there. They say some really bad things, things that

are some poor choices of things to say right in front of them. I think it's just sad. How can they do that without any concern for their feelings." Another Resident responded, "Some students always hug you. Some teachers say not to set that tone, but I don't think it's a problem. I'm an affectionate person. If you develop a tone of a welcome environment, I think it helps."

Some Residents suggested that other professionals begin seeking help from teachers. "Social workers do not always know what is best and teachers have a wealth of knowledge about their students and no one consults them." "Social workers or psychologists may not know the child." To encourage sharing information between teachers and counselors one Resident stated, "The counselors who were here said some teachers don't know they are there or the counselors don't know all the teachers. At my school I don't always know everyone. I know the staff by their faces, but not what they do there." Extending the notion that teachers and other professionals who work with students are equal partners can encourage this type of collaboration.

Three Residents acknowledged not only the importance of teacher and parent collaborations but how most parents were more than enthusiastic to work with the Residents. One Resident suggested the parent of her student conference with the student's teacher about mutual goals and expected outcomes so the student gets equal support at school and at home. "'I did suggest to 'B's' mother that she contact his teacher in fall, that she would like to see 'B' dress himself. That way they can be working together toward the same goals." A second Resident expressed her hopes for working with parents in the fall, "I hope that in fall the parents will be willing to talk to me. It's helpful so the teacher can relate to the child. So I can help or enhance what happens in school." A third Resident suggested

that "beginning teachers should contact every parent, speak to the parents if there are any problems as school or at home. I would be interested in what the parents hope their children will accomplish in school, so we are working together." Finally, one parent recommended the names of two of her son's past teachers she thought the Resident, "should observe who were really good with him and his classmates." The mother thought it would benefit the Resident.

Despite the fact that most parents were helpful and enthusiastic when Residents took special interest in their children, some parents did not understand some systemic procedures. For instance, one student could only be transported to summer school if the parent agreed to the use of a harness while the student rode the school bus. When this recommendation was made, the parent withdrew the student from school. The Resident stated that the parent "didn't understand that all she had to do was reinstate the child." Misunderstandings and miscommunications such as this work to the detriment of the children. Another Resident wondered, "I wonder how often (parents) visit other services and learn what is the next phase after (this) school." Practitioners need to be aware that not all parents have had positive schooling experiences for themselves, and not all schools have welcome, open door policies for parents to participate in their children's education. With a clearer understanding of the above issues, and in the instance of a student "who could be doing better, but his mother still does things for him, like "babys" him. For potty training, the teacher told her to get a certain kind of pants for him that would make it easier, but (mother) didn't do it." It seems such misunderstandings might be avoided. When asked, most parents support their children's educational endeavors and it is rare to find any parents who would not want their children to succeed.

For the purpose of this study, it should be possible to expand this idea of sharing information so that these Residents collaborate concerning their findings about their students and the results of their case studies and carry this practice into their schools in September with other teachers, professionals, and parents. The fact that they will be working closely with 5 on-site Mentor Teachers, 3 university professors, and the same peer group of Residents all year should positively influence and enhance this practice.

Teacher Beliefs

This group of Residents shared more of their personal beliefs, feelings, philosophies, and caring concerns, than the Residents in Report #1. Again, why this happened cannot be determined at this time, but examining what these beliefs and concerns are can enlighten us when looking at training effective Interprofessionals. Perhaps Residents studied in Report #1 were told their chidren were "normal" while those studied in Report #2 were explicity given children with handicapping conditions.

Resident Teacher beliefs that children need help was expressed often. "I believe that you can't let a child go without the help he needs." "Some students don't seem to make any progress and yet nothing gets done. Everybody deserves the best chance they can." These expressed concerns come from individuals who seemed to believe them. They seemed predisposed to these beliefs and brought this valuable asset with them into the summer of training.

Many also expressed their philosophies about how to interact with students. "The co-teacher said you have to be mean, but I don't think so. I think you need to be consistent and genuine." and "The quiet ones don't

necessarily get the attention they need. I could kick myself for not knowing that before." Another Resident said, "I think sometimes its just common sense what you do or how you act with the kids. At least it seems like it should be common sense. Like, being relaxed with the kids instead of being physical to force them to do things. For one student, it said in his folder that you need to put your hand out to him and ask him to come with you. Other teachers/aides just come along and physically move/force him over to the activity. I just put out my hand and say, 'B' do you want to come and do this? I make verbal requests." This was evident when the Resident was observed interacting with a student in the hall who did not seem to know where he was supposed to be. This Resident quietly approached the student and asked, "Do you know where you are supposed to be now? What is your teacher's name?" She did not touch the student but remained close and spoke with him while she walked with him to the office for assistance. Another Resident echoed a similar approach, "The co-teacher is strict in my opinion about talking at all in the class. I think 4 hours is too long not to be able to talk at all and this is hard and frustrating for (the student)." The co-teacher thought the student's behavior was becoming worse, but the Resident felt it was due to "rebellion to not being able to channel her talking any other way." Sharing ideas about interacting with children are helpful tools.

Four Residents made some key statements about their personal commitments and general ability to help students. In expressing the general accessibility to information one Resident said, "if you're an aware citizen you can help not only the students and families but everyone. Teachers get stuff in their mailboxes every day." A second Resident has a hearing loss herself and said, "I'll wear the hearing aid so students are not at a disadvantage."

In regard to seeing her student succeed, a third Resident said, "I have a personal stake in Brian (not his real name)." The fourth Resident said, "We need all of us together to make these kids successful, the parents, people in the community, and teachers. I'm glad I'm aware of all the services. I would like to get them all to work together. There always seems to be a gap." This Resident expressed that she will not sit idly by and watch what happens. She is proactive and believes that if people see a problem it is their duty to help solve it. There are plenty of resources available and it is up to responsible citizens to find them and use them. As a teacher she responded, "To me this is not a job, just an extension of who I am, and I get paid for it."

All the Residents acknowledged the fact that teachers need to know a lot about their students and that the more they know the more helpful they can be in meeting the needs of their students. Their responses ranged from, "It's important, even to know about medications," "The home life effects what happens in school," and "There is insight in knowing of the students and their family interactions. It helps to know about the personalities at home." to "You need to be a case manager. You need to know a lot." and "I always thought that if you're a teacher, you have to be part social worker and part psychologist. Social workers and psychologists find out things that happen at home that the teacher doesn't know about."

Other Residents expressed their concerns for their students in regard to what the system failed to offer them, "I feel he has lost out because (another state) has a better developed program for students with exceptional needs. It is set up with a hub center where all services evolve from. Each student has a case worker who visits the home once a month to check on the student's progress and learn whether the student is receiving

all the services available." In answer to the lack of funds provided for snacks in the classrooms, one Resident stated, "She asked for more food at snack time one day and I had to tell her that was all we had. (The system) does not supply the snacks. They supposedly budget $30, that's all, and that never seemed to reach the classroom, so my supervisor had to put up the money." He continued, "I felt uneasy about this, because I don't think anyone should be denied food in this country. The least (system) could have done was to supply snacks for these students. It shouldn't be up to the teachers and staff to provide these essentials. Just another example of bad planning by (system). Too bad the kids have to suffer." It appears that better connections need to be made about what the bureaucracy believes it is providing and what is actually happening in the schools.

Residents also expressed their concerns about their own success and having the support they need to be successful, such as, "You need to know there are people there who want to see us succeed. Even if we're uncertain, we can call somebody and ask what to do, the Mentors, Professors, even former teachers. They say, 'We're here if you need us'." Another Resident said, "Sometimes I hear or learn things and I'm thinking there is something else I'm not getting. I want to be outstanding." There was a general expression of desire to do well in the program and be prepared to meet their students in the fall.

Teacher Action/Responsibility

A few Residents grew exasperated in this early training period and stated, "someone should tell the parents," "I thought you were going to tell us how to go about this," and "I'm frustrated that his mother is unable to

learn about any services for her son, and they've been here 5 years." What was interesting to note was that while the Residents were given two resource manuals listing all the local agencies and advocates in the Milwaukee community, none of the Residents used the manuals to answer their questions or the parents' questions. It is questionable as to what the Residents who did nothing but blame their lack of answers on someone else would do if these were their own children in need of resources. How do they change from being reactive into becoming proactive? Can there be any more powerful training than even these direct experiences?

Overall however, most Residents didn't just talk about helping their students, they took action. All but 4 Residents contacted the students' parent(s) or guardians. Of these 4, two Residents had no phone numbers, the third Resident was admittedly too uncomfortable but said she would have to work on getting over her intimidation about talking with parents, and the fourth Resident did not have any experience interacting with parents and did not initiate any. The other 15 Residents made parent contact and several contacted Learning Disability Resource Teachers, Speech Pathologists, previous school year teachers, and discussed their students with their Co-Teachers. There was one unique exception to those seeking information. One Resident did not think she should "ask him questions, but find out the information from his files or by talking to someone else." She did get information from the student during their interactions, but it is strange that she would make the above statement. How would she learn the most about her student if not by asking him?

Three Residents in particular took the initiative to further their case studies outside of school. One Resident made arrangements to ride the school bus home with her student and visited at his home for three hours.

Even though this involved cutting through much bureaucratic red tape, the Resident found the experience invaluable, "You just get on the phone, get transferred around, and through (trial and error), it may take a while, but you can get through to someone." A second Resident gave her home phone number to her student and encouraged evening and weekend calls, "She asked for my phone number when I told her I was going to use her for my case study assignment and she said she would call me." This Resident had given her phone number to students in the past and did not think it created any problems. One of her previous fifth grade students had the responsibility of caring for five younger siblings at home, "She had so much to deal with. She was responsible for 6 kids, 5 others and herself. Here she was the mother hen to these kids and like that on the playground too. Then, she had to go into the classroom and listen to someone else who had the authority over her. That was hard. I gave her my number to call if she needed." The Resident felt it important that the student have someone to contact. A third Resident learned in class that a teacher regularly would take a small group of students, 4 or 5, each weekend on a field trip. This approach seemed so beneficial that this Resident received parent permission and took her student to a movie one evening. These Residents did not think they did anything unusual, instead they acted naturally in efforts to get to know more about their students.

Frustrations/Preparation/Information

There was some expression of lack of preparation for working with exceptional education students. "I had no idea what I was getting into, what to expect." "I had no idea what to expect." "I was only vaguely familiar with

LD (learning disability) and ED (emotional disturbed)." "I had no exposure with CD (cognitive disabled) kids. The first day, I panicked when they got off the bus. But I learned they are just kids." A Resident who witnessed one student hallucinating, did not know what he could do to help, "She was kicking and trying to bite. I'm familiar with restraining a regular student but not how to handle CD, I wouldn't be comfortable man-handling them, they don't understand." Perhaps some preliminary information about their concerns needs to be provided to better prepare the Residents for these new experiences.

The Residents' concerns regarding the lack of training for working with the exceptional education students were not as great as their concerns for the lack of quality information provided about the students. "The summer school registration form has very little information filled in by the previous teacher. I don't know where or how to get any information." "We didn't get any real IEP (Individual Education Program) for summer school about him. There were no indications of any speech problems." and "I was intrigued by the information in the IEP being wrong. It said 'S' is severe and there's no way she is severe." or "I had a problem with the information. I had questions. From the IEP it said she would not progress. She was doing a lot in math. I was surprised at the progress. She went from simple addition to subtraction to borrowing in the 100's. She made progress building and mastery." were typical responses. A suggestion made by one of the Residents was, "If they gave more specifics about the skills and kinds of responses you could expect which means they understand or want something. General information for working with them, like if they can talk, what strategies you can use." The issue here is whether this information can be updated and made readily available to teachers. Some public policy

changes may need to be implemented to allow for more sharing of student information.

Conclusion

These Residents shared what they believed, what they did, what they will do, what they would like to do, and what they would like to see happen in regard to teaching and in regard to having expanded their knowledge about other health and human service professionals as a result of these case studies. They were quite reflective in their journal entries and during interviews about thoughts and ideas they wanted to pursue. It is early in the program and some reinforcement to continue these practices might prove beneficial in our quest to train the Residents as Interprofessionals.

The Residents witnessed the lack of services or lack of collaboration in providing services, as well as learned about services and resources they did not know about before participating in these case studies. As in Report #1, this group of Residents can do more about learning about the resources available in their community, but they cannot rely on someone bringing this information to them. They need to go out and find it through their own efforts or through some kind of networking among teachers and service providers. If they truly want to learn what is out there, if it has meaning to them, if they care, they will. But as one Resident stated, "I don't think it is the training. I think it is the individual, (Resident) if s/he wants to do something. It's showing that you care. How can you teach someone who is 40 years old to care if s/he never has cared before?" The challenge is not a small one, but the idea is a hopeful one.

Overall, the Residents in Report #2 said it was important to know their students. More Residents in Report #2 suggested collaboration of information about students between the Residents, past teachers, parents, and other professionals familiar with the students. More Residents in this group said they would like to see the parents working together with the teachers setting goals for the students and providing support in both home and school. More of these Residents shared their beliefs about children and schooling than those in Report #1. All these factors make this group different from the first group. The differences are positive and it will be interesting and helpful to identify why these exist and to what end these differences can be strengthened during the next year while these Residents are training and teaching in regular classrooms to transform them into Interprofessionals.

At this point we have divided the 19 Resident Teachers studied in Report #2 into three groups; those who have demonstrated commitment, those about whom we are unsure and must wait and see, and those who exhibited minimal effort. It will be of interest to continue to observe and interview these Residents through the upcoming school year to determine whether they change their behaviors or not and whether they remain in or move from one group to another.

The Impact of Training Teachers of Children in Poverty
About the Specific Health and Human Services
Offered to the Students in Their Classrooms

Summary Report
Report #1
Report #2

ABSTRACT

Discusses the findings of two studies conducted with two groups of Resident Teachers participating in Alternative Teacher Certification Programs at the University of Wisconsin-Milwaukee. While some professionals in the medical and health and human services recognize the need for more collaboration of information to effectively diagnose youths' physical and learning disabilities, the role of the teacher in this process is not clearly identified. We believe such an approach is an important and necessary element in training teachers to become more "Interprofessional." The purpose of these studies is to determine the feasibility of preparing Interprofessional Teachers to become more knowledgeable about the range of services offered their students and to identify what effects on teacher practice and student learning occur as a result.

The Summary Report is an overview of Reports #1 and #2. Reports #1 and #2 discuss what the Residents Teachers learned as a result of working closely with some of their students in regard to health and human service professionals who have contact with their students. This knowledge can impact on the 1) schooling of children, 2) establishment of a cooperative system of sharing of information, and 3) preparation and inservice training for teachers to work more closely with other professionals working with youth.